

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST  
AMENDMENT

AFTER 2ND  
AMENDMENT

	IND	DEP	IND	DEP	IND	DEP
1	11					
2		1				
3		1				
4		3				
5		5				
6		5				
7		5				
8		5				
9	1					
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50						

TOTAL IND.

2

TOTAL DEP.

9

TOTAL CLAIMS

11

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS